



PATENT
DOCKET NO.: CML01150J

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT:

GORDAY, PAUL E.

SERIAL NO.:

10/678,416

FILED:

10/3/03

GROUP ART UNIT:

2631

TITLE:

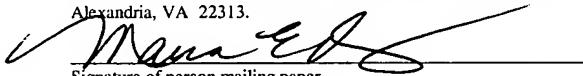
SYNC BURSTS FOR FREQUENCY OFFSET
COMPENSATION

2/18/04

CERTIFICATE OF MAILING

Date of Deposit: 2/18/04

I hereby certify that this paper is being deposited with the United States Postal Service on the date indicated above as first-class mail with sufficient postage thereon, in an envelope addressed to the Commissioner for Patents and Trademarks, P.O. Box 1450, Alexandria, VA 22313.



Signature of person mailing paper

Maria E. Rodriguez
Name of person mailing paper

PETITION UNDER 37 C.F.R. 1.182

Office of Initial Patent Examination's
Filing Receipt Corrections
P.O. Box 1450
Alexandria, VA 22313

Sir:

Applicant petitions the Office of the Deputy Commissioner for Patents to issue a 'corrected' filing receipt in the subject application. In support thereof, Applicant states:

1. The docket number was mistyped as "CM101150J" on the typewritten and signed version as submitted in the Combined Declaration with Power of Attorney.

Accordingly, please issue a corrected filing receipt incorporating the following change:

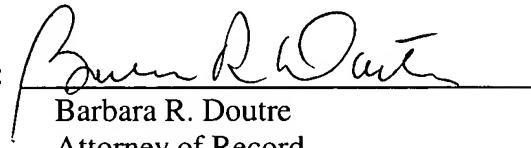
In the docket number, delete "CM101150J-" and insert therefor -CML01150J--.

Please charge any fees due to Deposit Account No. 50-2117. A Fee Transmittal
is enclosed, in duplicate.

Respectfully submitted,

SEND CORRESPONDENCE TO:

Customer No. 24273
Intellectual Property Section
Law Department

By: 

Barbara R. Doutre
Attorney of Record
Reg. No.: 39,505

Telephone: 954-723-6449
Fax No.: 954-723-3871

<p style="text-align: center;">O P E J S C A T R TRANSMITTAL FORM <i>FEB 23 2004</i></p>		Application Number	10/678,416
		Filing Date	10/3/03
		First Named Inventor	GORDAY, PAUL E.
		Group Art Unit	2631
		Examiner Name	Unassigned
Total Number of Pages in this Submission	Attorney Docket Number	CML01150J	

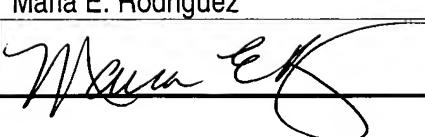
ENCLOSURES			(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below)	
Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Barbara R. Doutre	Registration No.	39,505
Signature			
Date	2/18/04		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date

Typed or printed name	Maria E. Rodriguez		
Signature		Date	2/18/04



FEB 23 2004

FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)

Complete if Known

Application No. 10/678,416

Filing Date 10/3/03

First Named Inventor GORDAY, PAUL E.

Examiner Name

Group Art Unit 2631

Attorney Docket No. CML01150J

METHOD OF PAYMENT (check all that apply) Check Credit card Money Order Other None Deposit Account

Deposit Account Number 50-2117

Deposit Account Name Motorola, Inc.

The Commissioner is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayment
 Charge any additional fee(s) during the pendency of this application,
except for issue fee
 Charge fee(s) indicated below, except for the filing fee
to the above-identified deposit account.

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee	Fee	Fee	Fee
Code	\$	Code	\$
1001	770	2001	370
1006	770	2006	370
1002	330	2002	165
1007	330	2007	165
1003	510	2003	255
1004	750	2004	370
1005	160	2005	80

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims		-20*	=	
Independent			x 18	=
Claims		-3*	x 86	=
Multiple Dependent			280	

Large Entity**Small Entity****Fee Description**

Fee	Fee	Fee	Fee	Fee Description
Code	\$	Code	\$	
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee	Fee	Fee	Fee
Code	(\$)	Code	(\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2520	1812	2520
1804	920*	1804	920*
1805	1840*	1805	1840*
1251	110	2251	55
1252	410	2252	200
1253	930	2253	460
1254	1450	2254	720
1255	1970	2255	980
1401	320	2401	160
1402	320	2402	160
1504		1504	
1403	280	2403	140
1505	300	1505	300
1451	1510	1451	1510
1452	110	2452	55
1453	1300	2453	640
1501	1300	2501	640
1502	470	2502	230
1503	630	2503	310
1460	130	1460	50
1808	130	1808	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	370
1810	750	2810	370
1801	750	2801	370
1802	900	1802	900
1814	110	2814	55
Other fee (specify)			

*Reduced by Basic Filing Fee Pd

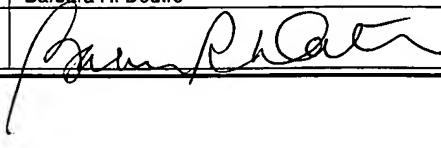
SUBTOTAL (3) \$ 130

SUBMITTED BY

Complete (if applicable)

Name (Print) Barbara R. Doutre

Registration No. (Attorney/Agent) 39,505

Signature 

Telephone: (954) 723-6449

Date 2/18/04